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FACSIMILE TRANSMISSION

Total # of Pages 5 (including this page)

TO:	PHONE #:	FAX #:
Commissioner for Patents		571-273-8300

From : Antoinette F. Konski
Email Address : akonski@foley.com
Sender's Direct Dial : 650-251-1129
Date : December 5, 2005
Client/Matter No : 062287-2120
User ID No : 09417

MESSAGE:

Re: U.S. Patent Application No. 08/596,221

Please find enclosed:

1. Notice of Appeal From the Examiner to the Board of Patent Appeals and Interferences.

If there are any problems with this transmission or if you have not received all of the pages, please call 650.856.3700.

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DEC 05 2005

Atty. Dkt. No. 062287-2120

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas A. SILVESTRINI
Title: SEGMENTED PLIABLE
INTRASTROMAL CORNEAL
INSERT
Appl. No.: 08/596,221
Filing Date: 7/15/1996
Examiner: Dave WILLSE
Art Unit: 3738

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Esther Lily C. Esquerra (Printed Name)	
	
(Signature)	
December 5, 2005 (Date of Deposit)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated July 5, 2005, finally rejecting Claims 23, 24, 28, 30-37 and 40-44.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for two (2) months.

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

12/06/2005 TL0111 00000072 500872 08596221
01 FC:2401 250.00 DA

The required fees are calculated below:

12/06/2005 TL0111 00000072 08596221
02 FC:2252 225.00 DA

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$450.00
	FEE TOTAL:	\$950.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$425.00
	TOTAL FEE:	\$425.00

Please charge Deposit Account No. 50-0872 in the amount of \$ 425.00. A duplicate copy of this transmittal is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date: December 5, 2005

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